MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030944
STATE FILE NUMBER

Registration District No. 515 Primary Registration District No. 4478 Registrar's No. 126

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0950
2 0980
3
4 1
5 2
6
7 0
8 2
9 4200
10
11
12 96-2
13 1-1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 9 1963

1. PLACE OF DEATH
a. COUNTY: SCHUYLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LANCASTER
Length of stay in 1b: 80years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: HOME
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCHUYLER
c. CITY OR TOWN: LANCASTER
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): NONE
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: SARAH Middle: FRANCES Last: MILLER

4. DATE OF DEATH: Month: AUGUST Day: 2, Year: 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH: 1/23/1880

9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months 6 Days 7
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (City and state or country): COLE COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES BURNETT

13b. MOTHER'S MAIDEN NAME: SARAH B. JONES

14. NAME OF HUSBAND OR WIFE: JOHN HENRY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: VIOLA M. SLAUGHTER, QUEEN CITY, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerosis failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive heart failure — Years
DUE TO (c): Arteriosclerotic heart disease — Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-13-57 to Aug. 2, 1963 and last saw her alive on Aug. 1, 1963
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.R. Stokes, D.O.

22b. ADDRESS: Lancaster Mo.

22c. DATE SIGNED: 8-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8/4/1963

23c. NAME OF CEMETERY OR CREMATORY: ARNI MEMORIAL CEMETERY

23d. LOCATION (City, town, or county) (State): LANCASTER, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: NORMAN FUNERAL HOME, LANCASTER, MO.

25. DATE RECD. BY LOCAL REG.: Aug. 3, 1963

26. REGISTRAR'S SIGNATURE: Florence Slyehard

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Aug. 3, 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dora E. Foster

Licensed Embalmer No. 4742

P. O. Address Tarpon Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.